

09-30-'08 23:23 FROM-Mattingly, Stanger

703-684-1157

T-077 P001/019 F-522

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To: Examiner T.K. Addy
Group Art Unit 2614, USPTO

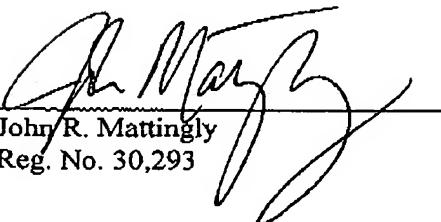
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/790,056
Attorney Docket No.: ASA-1168

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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Amendment;
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in payment of two month extension of time.**


John R. Mattingly
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703-684-1157

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Form PTO-1083

Patent

In RE application of

Case Docket No. ASA-1168

Serial No.: 10/790,056

Group Art Unit: 2614

For: METHOD, APPARATUS AND SYSTEM FOR
DISTRIBUTING MULTICAST DATAExaminer: T.K. Addy RECEIVED
CENTRAL FAX CENTERCommissioner for Patents
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Alexandria, VA 22313-1450

SEP 30 2008

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
Total	Claims Remaining After Amendment	Minus	**
Indep.		Minus	***
<input type="checkbox"/> First presentation of Multiple Dependent Claims			

SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Rate	Additional Fee	Rate	Additional Fee
X 25	\$	X 50	\$
X 100	\$	X 200	\$
X 180	\$	X 360	\$
Total	\$	Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- A Credit Card Payment Form in the amount of \$ 460.00 is attached for 2 month EOT.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.
- Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:


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 Attorney for Applicant(s)

Date: September 30, 2008